

Document: Final Rule, **Register Page Number:** 25 IR 2506

Source: May 1, 2002, Indiana Register, Volume 25, Number 8

Disclaimer: This document was created from the files used to produce the official (printed) Indiana Register. However, this document is unofficial.

**TITLE 836 INDIANA EMERGENCY MEDICAL
SERVICES COMMISSION**

LSA Document #01-297(F)

DIGEST

Amends 836 IAC 1 concerning the certification of ambulance service providers, including the application process, requirements for ambulances, emergency care equipment, and basic life support nontransport providers. Amends 836 IAC 2 concerning the certification process of advanced life support providers. Adds 836 IAC 4-7-3.5, 836 IAC 4-9-2.5, and 836 IAC 4-10 concerning the certification and in-service requirements for emergency medical services personnel. Effective 30 days after filing with the secretary of state.

836 IAC 1-2-1	836 IAC 2-4.1-2
836 IAC 1-3-5	836 IAC 2-7.1-1
836 IAC 1-11-1	836 IAC 4-7-3.5
836 IAC 1-11-2	836 IAC 4-9-2.5
836 IAC 1-11-3	836 IAC 4-10
836 IAC 2-2-1	

SECTION 1. 836 IAC 1-2-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-2-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3

Sec. 1. (a) A person shall not engage in the business or service of providing emergency ambulance services upon any public way of the state unless they hold a valid certificate issued by the commission for engaging in such a business or service as an ambulance service provider.

(b) A certificate is not required for a person who provides emergency ambulance service, an emergency medical technician, or an ambulance when:

- (1) rendering assistance to persons certified to provide emergency ambulance service or to emergency medical technicians;
- (2) operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to locations within Indiana;
- (3) providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope;
- (4) an agency or instrumentality of the United States and any emergency medical technicians or ambulances of such agency or instrumentality are not required to be certified or to conform to the standards prescribed under 836 IAC 1-1-1(3); or
- (5) transportation of a patient from another state into Indiana and returned.

(c) Each ambulance, while transporting a patient, shall be staffed by not less than two (2) persons, one (1) of whom shall be a certified emergency medical technician and who shall be in the patient compartment unless an exemption is approved by the commission through subsection (g).

(d) After notice and hearing, the commission may and is authorized to suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 4 of this rule, or both, for:

- (1) fraud or misrepresentation in procuring certification; **or**

(2) failure to comply and maintain compliance with, or for violation of, any applicable provisions, standards, or other requirement of IC 16-31 or this title.

The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5.

(e) Notwithstanding the provision of subsection (d), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(g) An ambulance service provider seeking certification of a land ambulance specially staffed, equipped, or uniquely designed to provide interhospital emergency transportation of critical care patients, for example:

- (1) coronary care;
- (2) high risk infant;
- (3) poisoning;
- (4) psychiatric; and
- (5) alcohol and drug overdose;

may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The ambulance service provider shall submit with the application a description of the medical capability of each person who usually staffs the patient compartment when transporting an emergency patient and a description of radio communications capabilities. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption(s) approved under this article. Exemption(s) requested shall not be approved if, in the opinion of the commission, the exemption(s) would impair the capabilities of the ambulance service provider to provide proper emergency patient care.

(h) An ambulance service provider seeking certification for other than a land or air ambulance may petition the commission for any exemptions from one (1) or more of the requirements set forth in this article and 836 IAC 2.

(i) Each emergency patient shall be transported in a certified ambulance.

(j) Notify the commission in writing within thirty (30) days of any changes in items listed in section 2(a) of this rule.

(k) Notify the commission in writing immediately of change in medical director, including medical director approval form and protocols.

(l) Each ambulance service provider shall secure a medical director who shall be a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical service provider.
- (2) Assure compliance with defibrillation training standards and curriculum established by the commission.
- (3) Monitor and evaluate the day-to-day medical operations of the emergency medical service organization.
- (4) Assist in the continuing education programs of the emergency medical service organization.
- (5) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.
- (6) Provide individual consultation to the emergency medical personnel affiliated with the emergency medical service organization.
- (7) Participate in the audit and review of cases treated by the emergency medical personnel of the emergency medical service organization.
- (8) Assure compliance with approved medical standards established by the commission performed by organization.
- (9) Establish protocols for automatic defibrillation, airway management, ~~wound care, patient stabilization~~, patient-assisted medications, and emergency medical technician-administered medications as approved by the commission.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, A; filed Jun 5, 1975, 11:57 a.m.; Rules and Regs. 1976, p. 84; filed Dec 15, 1977: Rules and Regs. 1978, p. 244; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2192; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2419;

filed Dec 2, 1983, 2:43 p.m.: 7 IR 352; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1036; filed Aug 18, 1986, 1:00 p.m.: 10 IR 24; filed May 15, 1998, 10:25 a.m.: 21 IR 3866; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2719; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2506)

SECTION 2. 836 IAC 1-3-5 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-3-5 Emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 5. Each and every ambulance will have the following minimum emergency care equipment, and this equipment shall be assembled and readily accessible:

- (1) Respiratory and resuscitation equipment as follows:
 - (A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.
 - (B) On-board suction, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.
 - (C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (i) Adult.
 - (ii) Child.
 - (iii) Infant.
 - (iv) Neonatal (mask only).
 - (D) Oropharyngeal airways, two (2) each of adult, child, and infant.
 - (E) One (1) pocket mask with one-way valve.
 - (F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
 - (G) On-board oxygen equipment of at least three thousand (3,000) liters capacity (M size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
 - (H) Oxygen delivery devices shall include the following:
 - (i) High concentration devices, two (2) each, adult, child, and infant.
 - (ii) Low concentration devices, two (2) each, adult.
 - (I) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:
 - (i) Small (20-24 french).
 - (ii) Medium (26-30 french).
 - (iii) Large (31 french or greater).
 - (J) Bulb syringe individually packaged in addition to obstetrics kit.
 - (K) Nonvisualized airway minimum of two (2) with water soluble lubricant.
 - (L) ~~Beginning January 1, 2000, every ambulance shall be required to have~~ a Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.
- (2) Wound care supplies as follows:
 - (A) Multiple trauma dressings, two (2) approximately ten (10) inches by thirty-six (36) inches.
 - (B) Fifty (50) sterile gauze pads, three (3) inches by three (3) inches or larger.
 - (C) Bandages, four (4) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
 - (D) Airtight dressings, four (4), for open chest wounds.
 - (E) Adhesive tape, two (2) rolls.
 - (F) Burn sheets, two (2), sterile.
 - (G) Triangular bandages, four (4).
 - (H) Bandage shears, one (1) pair.
- (3) Patient stabilization equipment as follows:
 - (A) Traction splint, lower extremity, limb-supports, padded ankle hitch, and traction strap, or equivalent, one (1) assembly in adult size.
 - (B) Upper and lower extremity splinting devices, two (2) each.
 - (C) One (1) splint device intended for the unit-immobilization of head-neck and torso. These items shall include the splint itself and all required accessories to provide secure immobilization.

- (D) One (1) long back board with accessories to provide secure spinal immobilization.
- (E) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
- (F) One (1) ambulance litter with side rails, head-end elevating capacity, mattress pad, and a minimum of three (3) adjustable restraints to secure the chest, hip, and knee areas.
- (4) Medications limited to, if approved by medical director, the following:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
- (5) Personal protection/universal precautions equipment, minimum of two (2) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (6) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Clean linens consisting of the following:
 - (i) Pillow.
 - (ii) Pillow case.
 - (iii) Sheets and blankets.
 - (C) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (D) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (E) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (F) A current copy of the basic life support protocols.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, E; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed Aug 18, 1986, 1:00 p.m.: 10 IR 31; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2507)

SECTION 3. 836 IAC 1-11-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-11-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 4-33; IC 5-2-5-1; IC 16-21; IC 16-31; IC 22-12-1-12

Sec. 1. (a) An organization eligible to be a certified emergency medical services nontransport provider shall be an established emergency services organization and shall be one (1) of the following:

- (1) Fire department as defined in IC 22-12-1-12.
- (2) Law enforcement agency as defined in IC 5-2-5-1.
- (3) Hospital as licensed under IC 16-21.
- (4) Any provider organization certified under IC 16-31.

- (5) Indiana gaming organizations as defined in IC 4-33.
- (6) Other organizations approved by the commission.

(b) Notwithstanding subsection (a), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ~~thirty (30)~~ **ninety (90)** days upon notice to the certificate holder.

(c) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(d) After notice and hearing, the commission may, and is authorized to, suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 5 of this rule, or both, for:

- (1) fraud or misrepresentation in procuring certification; **or**
- (2) failure to comply and maintain compliance with, or for violation of, any applicable provision, standard, or other requirement of IC 16-31 or this title.

The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2728; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2508*)

SECTION 4. 836 IAC 1-11-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-11-2 Application for certification; renewal

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2; IC 16-31-3-8

Sec. 2. (a) Application for emergency medical services nontransport provider certification shall be made on forms as prescribed by the commission, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the director not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each emergency medical services vehicle, with its equipment as required by this article, shall be made available for inspection by the director or the director's duly authorized representative.
- (3) The premises on which emergency medical services vehicle supplies are stored shall be open during operating hours to the director or the director's duly authorized representative, for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and emergency medical services vehicle drivers shall be submitted to the director. The director shall be notified in writing within thirty (30) days of any change in personnel.
- (5) Each application shall include the following information:
 - (A) A description of the service area.
 - (B) Hours of operation.
 - (C) Number and location of emergency medical services vehicles.
 - (D) Organizational structure, including names, addresses, and telephone numbers of the owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of emergency medical services nontransport provider's records.
 - (G) Proof of insurance coverage in adequate amounts as specified in subsection (d) shall be submitted with the application and shall be renewed thirty (30) days prior to the expiration of the current insurance.
 - (H) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the director. The certificate shall be valid for a period of ~~one (1)~~ **year two (2) years** unless earlier revoked or suspended by the commission and shall be prominently displayed at the place of business.

(c) Application for emergency medical services nontransport provider certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as prescribed by the commission and shall indicate compliance with the requirements

set forth for original certification.

(d) Emergency medical services nontransport providers in states immediately adjacent to Indiana who will be providing emergency medical services vehicle service within Indiana under a contract with an Indiana local unit of government shall be certified by the Indiana emergency medical services commission in accordance with this article or apply for waiver of this article so long as the following requirements are met:

(1) The Indiana local unit of government shall meet the following requirements:

(A) Notify the Indiana emergency medical services commission of the intent to provide emergency medical services to residents of their area of responsibility when such services will be provided by an emergency medical services vehicle service in an adjacent state not certified by the Indiana emergency medical services commission and said emergency medical services vehicle service is unable to comply with this article for certification.

(B) Provide a copy of a legally binding contract for services that outlines the conditions under which emergency medical services will be provided.

(C) Show proof of the issuance of public notice that describes any and all differences between the state standards in existence for the contracted provider of emergency medical service and the standards adopted by the commission.

(D) The commission may issue certification under this provision for a period of ~~one (1) year~~: **two (2) years**.

(2) The commission may revoke certification of the contracted emergency medical services nontransport provider immediately upon determining that the contracted emergency medical services nontransport provider is in violation of existing adjacent state rules and regulations regarding the provision of emergency medical services.

(3) Violations of Indiana patient care standards or standards existing under the contracted emergency medical services nontransport providers state rules and regulations are subject to the provision and levying of fines as described in 836 IAC 1-2-4 at the discretion of the director and shall be the responsibility of the Indiana local unit of government as the contractee.

(e) Emergency medical services nontransport providers shall submit a copy of an agreement between the nontransporting organization and an ambulance service provider certified pursuant to IC 16-31. The agreement shall ensure that the nontransporting organization can be assured that patients treated shall be transported in a timely and safe manner. The agreement shall not preclude another ambulance service provider, if available, from transporting the patients. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2509*)

SECTION 5. 836 IAC 1-11-3 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-11-3 Emergency medical services nontransport provider operating procedures

Authority: IC 16-31-2-7

Affected: IC 16-18-2-7; IC 16-31-3-2; IC 34-6-2-49

Sec. 3. (a) The emergency medical services nontransport provider's premises shall be maintained, suitable to the conduct of the emergency medical services vehicle service, with provision for adequate storage and maintenance of equipment.

(b) Each emergency medical services nontransport provider shall provide for a periodic maintenance program to assure that all equipment is maintained in good working condition and that rigid sanitation procedures are in effect at all times.

(c) All emergency medical services nontransport provider premises, records, and equipment shall be made available for inspection by the commission, director, or a duly authorized representative at any time during operating hours.

(d) The insurance requirement of IC 16-31-3-2(a) is satisfied if the emergency medical services nontransport provider:

- (1) has in force and effect public liability insurance in the sum of not less than three hundred thousand dollars (\$300,000) combined single limit, issued by an insurance company licensed to do business in Indiana; or
- (2) is a government entity within the meaning of IC 34-6-2-49.

Coverage shall be for each emergency medical services vehicle owned or operated by or for the emergency medical services nontransport provider.

(e) Each emergency medical services nontransport provider shall provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4. The emergency medical services nontransporting vehicles are not required to be equipped with the Indiana hospital emergency radio network frequency (155.340 MHz) as specified in 836 IAC 1-4-2(c)(2).

(f) Each emergency medical services nontransport provider shall designate one (1) person as the organization's training officer to assume responsibility for in-service training. This person shall be certified as a first responder, an emergency medical technician, an advanced emergency medical technician, a paramedic, a registered nurse, a certified physician assistant, or a licensed physician who is actively involved in the delivery of emergency medical services with that organization. The training officer shall be responsible for the following:

- (1) Provide and maintain records of in-service training offered by the provider organization.
- (2) Maintain the following in-service training session information:
 - (A) Summary of the program content.
 - (B) Names of instructors.
 - (C) Names of those attending.
 - (D) Date, time, and location of in-service training sessions.
- (3) Sign individual emergency medical technician training records or reports to verify actual time in attendance at training sessions.

(g) An emergency medical services nontransport provider shall not act in a reckless or negligent manner so as to endanger the health or safety of emergency patients or members of the general public while in the course of business as an emergency medical services nontransport provider.

(h) Each emergency medical services nontransport provider shall notify the director within thirty (30) days of the present and past specific location of any emergency medical services vehicle if the location of the emergency medical services vehicle is changed from that specified in the provider's application for emergency medical services nontransport provider certification or certification renewal.

(i) Each emergency medical services nontransport provider shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all emergency medical services vehicles:

- (1) The equipment within the vehicle shall be clean and maintained in good working order at all times.
- (2) Closed compartments shall be provided within the vehicle for medical supplies.
- (3) Closed containers shall be provided for soiled supplies.
- (4) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multi-use items are to be kept clean and sterile when indicated and properly stored.
- (5) The equipment, utilized to treat a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, shall be cleansed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.

(j) An emergency medical services nontransport provider shall not engage in the provision of advanced life support as defined in IC 16-18-2-7.

(k) Each emergency medical services nontransport provider, under the responsibility of its chief executive officer and medical director, shall conduct quarterly audit and review to assess, monitor, and evaluate the quality of patient care as follows:

- (1) The audit and review shall provide the following:
 - (A) An environment that encourages personnel to deliver care consistent with established standards of care.
 - (B) A systematic means of measuring and evaluating the quality of patient care.
 - (C) A tool to provide personnel with feedback and methods of action for improving practices and services.
 - (D) A method of identifying needs to staff development programs, basic training, in-service, and orientation.
 - (E) A method for describing patient care outcomes.
- (2) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services nontransport provider's medical director.
 - (B) An emergency room committee that is supervised by a medical director. Emergency medical services personnel

shall serve as members on the committee.

(C) The emergency medical services nontransport provider that establishes a committee of individuals within the services.

(l) Each emergency medical services nontransport provider shall secure a medical director who shall be a physician with an unlimited license to practice medicine in Indiana. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical services provider.
- (2) Assure compliance with defibrillation training standards and curriculum established by the commission.
- (3) Monitor and evaluate the day-to-day medical operations of the emergency medical services organization.
- (4) Assist in the continuing education programs of the emergency medical services organization.
- (5) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.
- (6) Provide individual consultation to the emergency medical personnel affiliated with the emergency medical services organization.
- (7) Participate in the audit and review of cases treated by the emergency medical defibrillation personnel of the emergency medical services organization.
- (8) Assure compliance with approved medical standards established by the commission performed by the organization.
- (9) Establish protocols for automatic defibrillation, airway management, ~~wound care, patient stabilization,~~ and medication administration as approved by the commission.

(m) All records shall be retained for a minimum of three (3) years, except for the following records which shall be retained for a minimum of seven (7) years:

- (1) Audit and review records.
- (2) Run reports.
- (3) Training records.

(n) Each emergency medical services nontransport provider shall employ at least one (1) certified person trained in the use of the automated defibrillator. Only trained, certified emergency medical services personnel shall use an automated defibrillator.

(o) Each emergency medical services nontransport provider shall maintain, in a manner prescribed by the commission, accurate records, including a run report form, concerning the assessment and treatment of each emergency patient treated. The run report form shall include the following information about the patient:

- (1) Name.
- (2) Identification number.
- (3) Age.
- (4) Sex.
- (5) Race.
- (6) Physician of the patient.
- (7) Date of birth.
- (8) Address, including zip code.
- (9) Location of incident.
- (10) Chief complaint.
- (11) History, including the following:
 - (A) Current medical condition and medications.
 - (B) Past pertinent medical conditions and allergies.
- (12) Physical examination section.
- (13) Treatment given section.
- (14) Vital signs, including the following:
 - (A) Pulse.
 - (B) Respirations.
 - (C) Level of consciousness.
 - (D) Skin temperature and color.
 - (E) Pupillary reactions.

- (F) Ability to move.
 - (G) Presence or absence of breath sounds.
 - (H) The time of observation and a notation of the quality for each vital sign should also be included.
 - (15) Responsible guardian.
 - (16) Name of patient attendants, including emergency medical services certification numbers.
 - (17) Vehicle emergency medical services certification number.
 - (18) Responding service delivery times, including the following:
 - (A) Time of receipt of call.
 - (B) Time dispatched.
 - (C) Time arrived scene.
 - (D) Time of patient released to transporting emergency medical services.
 - (E) Time vehicle available for next response.
 - (19) Date of service.
 - (20) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.
- (p) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the run documentation.
- (q) All emergency medical services nontransport providers shall participate in the emergency medical services system review by:
- (1) collecting all data elements prescribed by the commission; and
 - (2) reporting that information according to procedures and schedules prescribed by the commission.
- (r) Each emergency medical services nontransport provider shall comply with the general certification provision of this article. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-3; filed May 15, 1998, 10:25 a.m.: 21 IR 3888; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2729; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2510*)

SECTION 6. 836 IAC 2-2-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-2-1 General requirements for paramedic organizations

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3

Sec. 1. (a) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as a paramedic organization unless provisional certification is issued pursuant to subsection (p).

(b) If the paramedic organization also provides transportation of emergency patients, the paramedic organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1 pursuant to IC 16-31. The paramedic nontransport organizations shall meet the requirements specified in 836 IAC 1-2-2(a) and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(c) The paramedic organization shall ensure that:

- (1) ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and
- (2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

(d) Paramedic organizations shall have a contract, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provision of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.

(5) Provision to allow the paramedics affiliated with the supervised paramedic organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

The contract or interdepartmental memo shall include a detailed description of how such services shall be provided to the paramedic organization. In those cases where more than one (1) hospital contracts, or seeks to contract, with a paramedic provider organization as a supervising hospital, an interhospital agreement shall be provided to the commission that shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) The paramedic organization shall have a medical director provided by the paramedic organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the paramedic organization medical director and the chief executive officer have the duty to enact the policy within the paramedic organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.
- (2) Assure that the drugs, medications, supplies, and equipment are available to the paramedic organization.
- (3) Monitor and evaluate day-to-day medical operations of paramedic organizations.
- (4) Assist in the provision and coordination of continuing education.
- (5) Provide information concerning the operation of the paramedic organization.
- (6) Provide individual consultation to paramedics.
- (7) Participate in at least quarterly audit and review of cases treated by paramedics of the **supervising hospital provider organization**.
- (8) Attest to the competency of paramedics affiliated with the paramedic organization to perform skills required of a paramedic under ~~836 IAC 2-6~~ **836 IAC 4-9-5**.
- (9) Establish protocols for advanced life support.
- (10) Establish and publish a list of medications, including minimum quantities and dosages to be carried on vehicle.

(f) The paramedic organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the paramedic organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultra high frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.

(g) Each paramedic organization shall do the following:

- (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.
- (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.
- (3) Notify the commission in writing within thirty (30) days of a paramedic's termination of employment or for any reason which prohibits a certified individual from performing the procedures required of a paramedic.

(h) Each ambulance used for the purpose of providing advanced life support services, when dispatched on an emergency run, shall be staffed by not less than two (2) persons, one (1) of whom is certified as a paramedic and the other certified as an emergency medical technician pursuant to IC 16-31, except, if the ambulance is used in conjunction with a nonambulance vehicle certified by the commission for the provision of advanced life support, it shall be staffed by at least one (1) emergency medical technician certified pursuant to IC 16-31. However, each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic.

(i) When advanced life support services administered by paramedics at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not less than one (1) person who is certified as a paramedic.

(j) The paramedic organization shall notify the commission in writing within thirty (30) days of any change in the

services provided.

(k) No certification is required for the following:

(1) A person who provides advanced life support while assisting in the case of a major catastrophe or disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States and any paramedics of such agency or instrumentality is not required to be certified nor to conform to the standards prescribed in this article.

(l) After proper notice and hearing, the commission may:

(1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or

(2) suspend or revoke a certificate issued under this article for:

(A) fraud or misrepresentation in procuring certification;

(B) failure to comply and maintain compliance; or

(C) violation of any applicable provisions, standards, or other requirements of this article.

(m) The commission may initiate proceedings to levy fines up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1 or suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5.

(n) Notwithstanding the provisions of this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ~~thirty (30)~~ **ninety (90)** days upon notice to the certificate holder.

(o) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(p) The director may issue a provisional certification for the provision of advanced life support as a paramedic organization to an ambulance service provider certified pursuant to IC 16-31 only, or to an advanced emergency medical technician organization certified pursuant to IC 16-31, for the purpose of prehospital training of paramedic students when in the presence of a preceptor or preceptors approved by the commission, upon demonstration by the applicant to the satisfaction of the director that the ambulance to be used for such training is certified pursuant to IC 16-31 and meets the requirements of subsection (f) and section 3 of this rule, and that the ambulance service provider or advanced emergency medical technician organization has and shall maintain an adequate number of paramedic students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Application for provisional certification shall be made on such forms as prescribed by the commission, which shall be fully completed. The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date of the paramedic course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding twenty-four (24) consecutive months from the starting date of the course as identified on the approved course application. The issuance of a temporary or full certification invalidates any provisional certification.

(q) The paramedic organization shall, with medical director and chief executive officer approval, allow a graduate of an Indiana approved paramedic course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified paramedic. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

(r) Provide for a periodic maintenance program to assure that emergency response vehicles, including equipment, are maintained in good working condition and that strict sanitation procedures are in effect at all times.

(s) Paramedic organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(t) Each paramedic organization shall have in force and effect public liability insurance in the sum as described in 836

IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

(u) Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic. (*Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, A; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 200; filed Dec 15, 1977: Rules and Regs. 1978, p. 250; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2216; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2434; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 364; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1062; filed Aug 18, 1986, 1:00 p.m.: 10 IR 41; filed Oct 11, 1988, 11:05 a.m.: 12 IR 358; filed May 15, 1998, 10:25 a.m.: 21 IR 3892; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2733; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2512*)

SECTION 7. 836 IAC 2-4.1-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-4.1-2 Certification as a supervising hospital; renewal

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. Hospitals seeking commission certification shall meet the following minimum requirements:

(1) Have an emergency department open and staffed by a physician twenty-four (24) hours a day.

(2) The hospital's administration shall have approved a written contractual agreement, **or interdepartmental memo if hospital based**, with one (1) or more emergency medical services provider organizations that furnish advanced life support service. The contract shall include a detailed description of the following services to be provided by the hospital to the certified emergency medical service provider organization:

(A) Continuing education.

(B) Audit and review.

(C) Medical control and direction.

(D) Provision of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.

(E) Provision and supervision of arrangements that allow the emergency medical services clinical personnel affiliated with the supervised emergency medical service provider to function within appropriate hospital departments in order to obtain continuing practice in their clinical skills.

(3) Provide and maintain a voice communication system between the emergency medical service provider organization response personnel and the hospital's emergency department. The communications system shall be licensed by the Federal Communications Commission.

(4) The hospital shall provide a physician or physician designate, authorized in writing by the hospital's medical staff, who is at all times immediately available to supervise the medical procedures performed by the emergency medical service provider organization's clinical personnel via the voice communication system.

(5) The hospital shall establish a process for the audit and review of medical procedure performed by the clinical personnel of the emergency medical service provider organization. ~~in order to~~ **Requirements for audit and review are as follows:**

(A) **The audit shall** ensure an appropriate level of compliance with medical protocols and appropriate level of skill in the performance of medical techniques by those personnel.

(B) **The results of the audit shall be reviewed with the emergency medical service personnel.**

(C) **Documentation for the audit shall include the following:**

(i) **The criteria used to select audited runs.**

(ii) **Problem identification and resolution.**

(iii) **Date of review.**

(iv) **Attendance at the review.**

(v) **A summary of the discussion at the review.**

(D) **The audit and review shall be conducted by the medical control committee as defined in subdivision (9).**

(6) The supervising hospital shall ~~do the following annually:~~

~~(A)~~ **review and approve the in-service of the certified paramedics affiliated with the competency of the clinical personnel of the emergency medical services provider organization.**

~~(B)~~ **(7) Send a roster of clinical personnel affiliated whose sole advanced life support affiliation is with the supervising hospital. and emergency medical services provider organizations to the commission.**

(7) (8) The supervising hospital shall report in writing any changes, including affiliated clinical personnel, within thirty (30) days.

(8) (9) The supervising hospital shall establish a medical control committee for audit and review of medical procedures performed by the advanced life support personnel and establish policies for medical direction and control. The membership of the medical control committee shall be as follows:

(A) Medical director of provider organization.

(B) Emergency department supervisory personnel.

(C) Provider organization supervisory personnel.

(D) EMS educator.

(E) Advanced life support personnel of appropriate level from provider organization.

(Indiana Emergency Medical Services Commission; 836 IAC 2-4.1-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3899; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2737; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2514)

SECTION 8. 836 IAC 2-7.1-1 IS AMENDED TO READ AS FOLLOWS:

Rule 7.1. Advanced EMT Provider Organizations; Requirements; Standards

836 IAC 2-7.1-1 Advanced emergency medical technician organizations; general requirements

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3

Sec. 1. (a) The advanced emergency medical technician provider organization certification provides authority to perform skills set forth and approved by the commission for which certification is granted. The medical director may limit the skills according to local protocols.

(b) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as an advanced emergency medical technician organization unless provisional certification is issued pursuant to subsection (o).

(c) If the advanced emergency medical technician organization also provides transportation of emergency patients, the advanced emergency medical technician organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1. The advanced emergency medical technician nontransport organization shall meet the requirements specified in 836 IAC 1-2-2(a), and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(d) The advanced emergency medical technician organization shall ensure that:

(1) the ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and

(2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements required in 836 IAC 2-14.

(e) The advanced emergency medical technician organization shall have agreed by contract or interdepartmental memo if it is a hospital based organization with one (1) or more supervising hospitals for the following services:

(1) Continuing education.

(2) Audit and review.

(3) Medical control and direction.

(4) Liaison and direction for supply of intravenous fluids and other items utilized by advanced emergency medical technicians.

(5) Provision to allow the advanced emergency medical technicians affiliated with the supervised advanced emergency medical technician organization to function within appropriate hospital departments in order to obtain continuing practice in their clinical skills.

The contract shall include a detailed description of how such services shall be provided to the advanced emergency medical technician organization. In those cases where more than one (1) hospital contracts, or seeks to contract with, an advanced emergency medical technician organization as a supervising hospital, an interhospital agreement shall be provided to the commission that shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(f) The advanced emergency medical technician organization shall have a medical director provided by the advanced emergency medical technician organization, or jointly with the supervising hospital, who is a physician who
(1) holds a currently valid unlimited license to practice medicine in Indiana and
(2) has an active role in the delivery of emergency care.

The medical director is responsible for providing competent medical direction as established by the medical control committee and overall supervision of the medical aspect of the advanced emergency medical technician organization. Upon establishment of a medical control policy, the advanced emergency medical technician organization medical director and the chief executive officer have the duty to enact the policy within the advanced emergency medical technician organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (A) (1) Providing liaison with physicians.
- (B) (2) Assuring that appropriate intravenous solutions, supplies, and equipment are available to the advanced emergency medical technician organization.
- (C) (3) Monitor and evaluate day-to-day medical operation.
- (D) (4) Assist the supervising hospital in the coordination of in-service training programs.
- (E) (5) Provide information concerning the operation of the advanced emergency medical technician organization.
- (F) (6) Provide individual consultation to advanced emergency medical technicians.
- (G) (7) Assure continued competence of advanced emergency medical technicians affiliated with, or employed by, the advanced emergency medical technician organization.
- (H) (8) Participate in the quarterly audit and review of cases treated by advanced emergency medical technicians **of the provider organization.**
- (I) (9) Establish protocols for advanced life support.
- (J) (10) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.

(g) Each advanced emergency medical technician organization shall:

- (1) maintain an adequate number of trained personnel and emergency response vehicles to provide continuous twenty-four (24) hour advanced life support services;
- (2) notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician, and this notification shall be signed by the provider organization and medical director of the provider organization; and
- (3) notify the commission in writing within thirty (30) days if an advanced emergency medical technician:
 - (A) terminates employment; ~~or~~
 - (B) **terminates** affiliation; or
 - (C) for any reason is prohibited from performing the procedures for which certification was granted.

(h) When advanced life support services administered by advanced emergency medical technicians at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not less than one (1) person certified as an advanced emergency medical technician.

(i) The advanced emergency medical technician organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided for which certification was granted.

(j) No certification is required for the following:

- (1) ~~For~~ A person who provides advanced life support while assisting in the case of a major catastrophe disaster whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.
- (2) ~~For~~ An agency or instrumentality of the United States and any advanced emergency medical technicians of such agency or instrumentality **is are** not required to be certified nor to conform to the standards prescribed in this article unless the agency or instrumentality seeks to provide service to citizens of Indiana off of the federal area.

(k) After proper notice and hearing, the commission may:

- (1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or
- (2) suspend or revoke a certificate issued under this article for:
 - (A) fraud or misrepresentation in procuring certification;

- (B) failure to comply and maintain compliance with; or
- (C) violation of any applicable provisions, standards, or other requirements of this article.

(l) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5.

(m) Notwithstanding the provisions of this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ~~thirty (30)~~ **ninety (90)** days upon notice to the certificate holder.

(n) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(o) The director may issue a provisional certification for the provision of advanced life support as an advanced emergency medical technician organization to an ambulance service provider certified pursuant to IC 16-31 for the purpose of prehospital training of advanced emergency medical technician students when in the presence of a preceptor approved by the commission upon demonstration by the applicant to the satisfaction of the director that:

- (1) the ambulance to be used for such training is certified pursuant to IC 16-31 and meets the requirements of this article; and
- (2) the ambulance service provider has and will maintain an adequate number of advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

Application for provisional certification shall be made on forms as prescribed by the commission, which shall be fully completed. The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date the advanced emergency medical technician course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding six (6) consecutive months from the starting date of the course as identified on the approved course application. The issuance of certification invalidates any provisional certification.

- (p) Provide for a periodic maintenance program to assure that:
 - (1) emergency response vehicles, including equipment, are maintained in good working condition; and
 - (2) applicable sanitation procedures are in effect at all times.

(q) Advanced emergency medical technician organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(r) Each advanced emergency medical technician organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

(s) The advanced emergency medical technician organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the advanced emergency medical technician organization and the emergency department, or equivalent, of the supervising hospital using voice communications. The communications system shall be licensed by the Federal Communications Commission.

(t) Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only be staffed, as a minimum, by a certified advanced emergency medical technician. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.1-1; filed Apr 6, 1988, 9:55 a.m.: 11 IR 2875; filed May 15, 1998, 10:25 a.m.: 21 IR 3904; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2738; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2515*)

SECTION 9. 836 IAC 4-7-3.5 IS ADDED TO READ AS FOLLOWS:

836 IAC 4-7-3.5 Continuing education requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3.5. Advanced emergency medical technicians seeking certification renewal shall meet or exceed the minimum requirements in this section to maintain their certification. Concurrent emergency medical technician certification shall be maintained if the individual completes and reports to the commission fifty-six (56) hours of continuing education according to the following:

(1) Participate in a minimum of thirty-four (34) hours of any combination of lecture, critiques, skills proficiency examination, continuing education course, or teach [*sic.*, *teaching*] sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.

(2) Participate in a minimum of ten (10) hours of any combination of lecture, critiques, skills proficiency examination, or teaching sessions that review subject matter presented in the Indiana advanced emergency medical technician curriculum.

(3) Participate in a minimum of twelve (12) hours of audit and review.

(4) Participate in any update course as prescribed by the commission.

(5) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana advanced emergency medical technician curriculum.

(Indiana Emergency Medical Services Commission; 836 IAC 4-7-3.5; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517)

SECTION 10. 836 IAC 4-9-2.5 IS ADDED TO READ AS FOLLOWS:

836 IAC 4-9-2.5 Inactive status for an Indiana certified paramedic

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2.5. (a) A paramedic requesting inactive paramedic status shall be currently certified in Indiana as a paramedic and be an individual who has previously recertified as a paramedic in Indiana at least one (1) time. The individual's certification must be in good standing with the commission at the time inactive status is granted. Applicants for inactive status do not have to be affiliated with a paramedic provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.

(b) If a paramedic wants to keep an active emergency medical technician certification, the paramedic shall meet the requirements set forth in 836 IAC 4.4 [*sic.*, *836 IAC 4-4*].

(c) Paramedics on inactive status must collect the following continuing education hours during the inactive period, and the continuing education hours must be reported to the commission prior to the expiration date of the certificate:

(1) Collect and report continuing education requirements listed in section 5(b)(1) through (5)(b)(3) of this rule.

(2) Collect and report twelve (12) additional continuing education hours.

(d) Paramedics with an inactive status wishing to return to active status must meet the following requirements:

(1) Comply with subsection (b) during inactive status.

(2) Be affiliated with an Indiana certified paramedic provider organization or an Indiana certified paramedic supervising hospital by submitting a signed application for advanced life support.

(3) Submit in writing a verified statement attesting to the applicant's competency in skills listed in section 5(b)(5) of this rule signed by the paramedic provider medical director.

Upon completion of these requirements, the emergency medical technician certification will become active.

(Indiana Emergency Medical Services Commission; 836 IAC 4-9-2.5; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517)

SECTION 11. 836 IAC 4-10 IS ADDED TO READ AS FOLLOWS:

Rule 10. Penalties

836 IAC 4-10-1 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 1. (a) The commission or director may penalize a person certified under this article up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

(1) Patient care standards or protocols.

(2) Training requirements.

(3) Individual certification requirements.

(4) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 4-10-1; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517)

LSA Document #01-297(F)

Notice of Intent Published: 24 IR 4016

Proposed Rule Published: November 1, 2001; 25 IR 488

Hearing Held: November 27, 2001

Approved by Attorney General: March 19, 2002

Approved by Governor: April 3, 2002

Filed with Secretary of State: April 4, 2002, 9:15 a.m.

Incorporated Documents Filed with Secretary of State: None